

**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS**

USE OF FORCE EVALUATION REPORT-CENTRAL OFFICE

OFFENDER INFORMATION

Offender Name: _____ **DOC ID#:** _____ **Sex:** ☐ Male ☐ Female
Race Code: ☐ Adult ☐ Juvenile
☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hispanic ☐ Other

INCIDENT INFORMATION

Date of Incident: _____ **Time of Incident:** _____ **Place of Incident:** _____
Facility: _____ **Use of Force Number:** _____
Local Administrative Review Completed Per Policy: ☐ Yes ☐ No **Medical Evaluation Completed:** ☐ Yes ☐ No
Incident Videotaped: ☐ Yes ☐ No **Type of Force Used:** ☐ Immediate ☐ Planned

LEVEL OF FORCE USED

ACTIVE COUNTER MEASURES

- ☐ Physical Force/Self Defense Techniques
- ☐ Restraints
- ☐ Oleoresin Capsicum OC*
- ☐ Chemical Agents*
- ☐ Batons*
- ☐ Kinetic Stunning Devices*
- ☐ Distraction Device*

INJURIES

- Staff ☐ Yes ☐ No
Offender ☐ Yes ☐ No

Deadly Force:

- ☐ Firearm*
☐ Other*

(*) Items above will require the name of the staff member who actually used the force and documentation on training.

Staff Name: _____ Trained in the active counter measure ☐ Yes ☐ No
Staff Name: _____ Trained in the active counter measure ☐ Yes ☐ No

REASON FOR FORCE:

- ☐ Self Defense
- ☐ Defense of another
- ☐ Maintenance of Security
- ☐ Prevention of a Crime
- ☐ Prevention of Suicide/Self Mutilation
- ☐ Prevention of Escape
- ☐ Destruction of Property
- ☐ Refusal of a Direct Order

TYPE OF INCIDENT

- ☐ Cell Extraction
- ☐ Offender Fighting Another Offender
- ☐ Offender Assaulting Another Offender
- ☐ Offender Assaulting Staff
- ☐ Staff Assaulting Offender
- ☐ Disturbance
- ☐ Forced Move

CUSTODY

ADULT

- ☐ Maximum
- ☐ Close
- ☐ Medium Restricted
- ☐ Medium Unrestricted
- ☐ Minimum Restricted
- ☐ Minimum Unrestricted

JUVENILE

- ☐ General
- ☐ Restricted
- ☐ Other

- ☐ The actions taken with respect to the use of force and or application of force were necessary and reasonable in this situation.
- ☐ This situation needs further investigation or review and has been referred to the Department Investigator's Office or the Facility for follow-up action.

Reviewer Name: _____ **Date:** _____